



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, Ste 100
Rockville, Maryland 20850-2368
240-777-3986 Fax 240-777-3088

BINGO LICENSE APPLICATION

Application is hereby made for a Bingo Permit in Montgomery County, Maryland

New ☐

Renewal ☐

TODAY'S DATE _____

(Please Print)

Please check type: ☐ Annual

Date and Time: _____

☐ Ten Day

Date and Time: _____

☐ One Day

Date and Time: _____

Name of Organization Conducting Bingo: _____

Must be located in Montgomery County

Federal Tax Identification #: _____

Mailing Address of Organization: _____

Street Number and Street Name

City State Zip Code

Telephone Number: _____

Include Area Code

To Benefit: _____

Location of Bingo: _____

Street Number and Street Name

City State Zip Code

Name of Organization Officer: _____ Title: _____

Address of Organization Officer: _____

Street Number and Street Name

City State Zip Code

Contact Person's Name: _____ Daytime Telephone: _____

Include Area Code

Fax Telephone: _____ Email Address: _____

Include Area Code

Person(s) actually conducting game(s): _____

(Must be Montgomery County resident(s) and member(s) of the organization)

Two Page Application – Be sure to complete both pages.

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____

I, the undersigned:

- a. Having read Article 27, Section 255B, the organization I represent is eligible to conduct a Bingo under said law,
- b. No agreement exists for the diversion of any proceeds from the Bingo to any other person, or legal or business entity,
- c. No person or legal or business entity shall receive any portion of the proceeds of the bingo except in furtherance of the purpose of the non-profit organization.

Signature of Organization Officer Responsible: _____

Title of Organization Officer Responsible: _____

Please have application notarized below.

State of Maryland

Montgomery County, to wit:

This certifies that on this _____ day of _____, _____, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.

My commission expires; _____

Notary Public

The following attachments must accompany the application

1. Submit a brief statement of purpose and objective of your organization and purpose for which proceeds will be used, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under section 501 (C) (3), (4), (7), or (10) of the Internal Revenue Code.

Fee Information: See Bingo Fee Schedule.

Payment Method

☐ Check ☐ Money Order (**No cash is accepted**) ☐ Visa ☐ MasterCard (**No other credit cards are accepted**)

Organization: _____ **Cardholder's Name:** _____

Credit Card No: _____ **Exp. Date:** _____ **Amt: \$** _____

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to **"Montgomery County, Maryland"**.